

ASAP

Work Order ID 97015

February-14-13 1:06:31 PM

97015

Page 1

Item ID: D3942-3

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Clip

Stop

NS2

Start Date: 2/08/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 2/22/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 13-02-15 Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3942	C								
100		0.00							
100 Waterjet									
FLOW CNC Waterjet	Memo	0.00							
<u>304</u> .050	1-Cut as per Dwg D3942-3 Dwg Rev: <u>C</u> Prog Rev: <u>C</u>								
	2-Deburr if necessary								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
110 QC	Memo	0.00							
Quality Control									

25 0 Jm13-3-3

28 0 Jm13-3-3

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 97015

February-14-13 1:06:31 PM

97015

Page 2

Item ID: D3942-3

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Clip

Stop

NS2

Start Date: 2/08/13

Start Qty: 12.00

12

Cust Item ID:

Required Date: 2/22/13

Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

120

QC

Quality Control

QC8- Inspect parts - second check

0.00

045
27
00
133-4

28

color

140

140

Packaging

Packaging

Identify as per dwg & Stock Location: STO75

0.00

Memo

0.00

28

13-3-4

150

150

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/3/15

MF

13-3-4

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced		
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure		
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld		
	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled		
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>			
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>			
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>			
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Other	<input type="checkbox"/>			
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>			
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>			
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>			

Picklist Print

February-14-13 10:45:03 AM

Page 1

Work Order ID: 97015**Parent Item:** D3942-3**Parent Item Name:** Clip**Start Date:** 2/08/13**Required Date:** 2/22/13**Start Qty:** 12.00**Required Qty:** 12.00**Comments:** Ipp Rev:A UPDATE TO REV B 10-11-24 JLM VERIFIED BY:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---	--------------------------------	-----------------------	---------------------	-----------------------------	--------------------------	-------------------------	----------------------------	------------------------	--------------------	----------------------	-----------------------	------------------------	---------------

M304S18GA 304/316 .050 Sheet	Purchased	No				100	sf	495.4299	0.015	0.189474 0.2			JMB-3-3
---------------------------------	-----------	----	--	--	--	-----	----	----------	-------	-----------------	--	--	---------

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT019	221	
117188	5	
117766	5	
120604	5	
122325	3	
123155	3	
124572	200	
MAT020	274.429894	
120243	2	
121626	1.529894	
124029	270.9	

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY

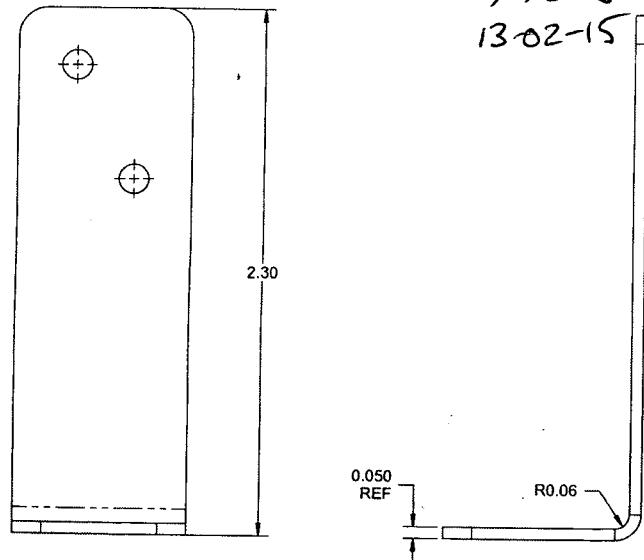
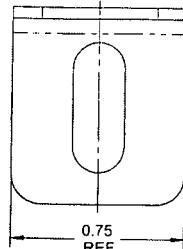
Landing Gear		General						
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld
Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>	
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>	
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>	

DART AEROSPACE LTD	Work Order:	97015
Description: Clip	Part Number:	D3942-3
Inspection Dwg: D3942	Rev: B <i>tcg</i>	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	Jm	Audited by:	DA 27	Preliminary Approval:	
Date:	13-3-3	Date:	13-3-3	Date:	

Rev	Date	Change	Revised by	Approved
A	09.06.22	New Issue	KJ	
B	11.01.17	Dimensions update per Dwg Rev B	KJ	 

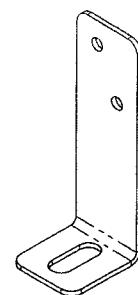
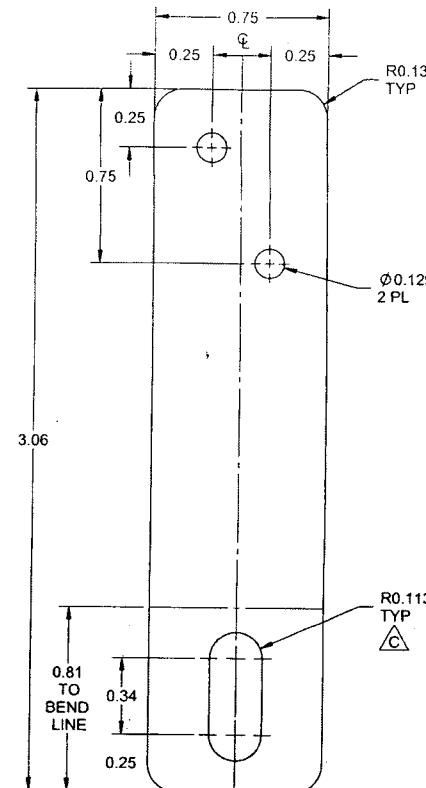


D3942-1 ANGLE
MADE FROM D3942-1F

NOTES:

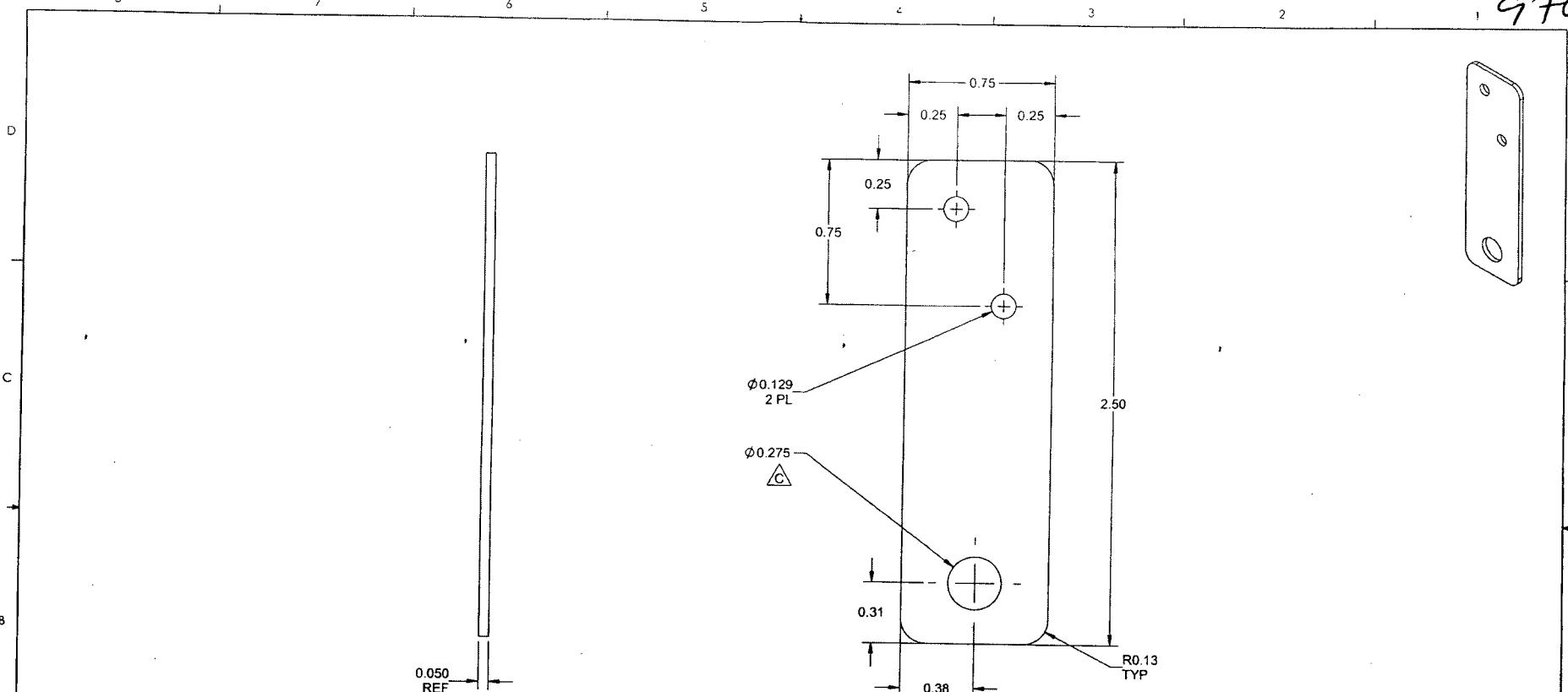
- 1) MATERIAL: AISI 304/316 STAINLESS STEEL SHEET PER AMS 5513 OR AMS 5524
18 GAUGE (0.050 THICK)
REF DART SPEC M304S18GA
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.03 lbs

SHO
R
ENC
UNCONTR
SUBJECT
WITH
WORK
NO. 97015 MLJ
1302-15



D3942-1F FLAT PATTERN

C	INCREASE SLOT/HOLE SIZE TO ALLOW PROPER FITTING OF CANE. R113 WAS 0.094, ZN C2-1; 0.275 WAS 0.257, ZN C5-2 (REF PAR 10-06)	XDF	11.09.02
B	REVISE LENGTH OF -3 PART, ZN C3-2; UPDATE IDENTIFICATION, ZN A7-1, A7-2	<i>ES</i>	10.11.19
A	NEW ISSUE	HS	09.05.06
REV.	DESCRIPTION		
DESIGN	<i>ES</i>	DART AEROSPACE LTD	
DRAWN	XDF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>ES</i>	DRAWING NO.	REV. C
MFG. APPR.	<i>ES</i>	D3942	SHEET 1 OF 2
APPROVED	<i>ES</i>	TITLE	SCALE
DE APPR.	<i>ES</i>	BRACKET	NTS
DATE	11.09.02	COPYRIGHT © 2002 BY DART AEROSPACE LTD	
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D3942-3 CLIP

NOTES:

- 1) MATERIAL: AISI 304/316 STAINLESS STEEL SHEET PER AMS 5513 OR AMS 5524
18 GAUGE (0.050 THICK)
REF DART SPEC M304S18GA
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.03 lbs

DESIGN	<i>E</i>	DART AEROSPACE LTD	
DRAWN	<i>XDF</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>✓</i>	DRAWING NO.	
MFG. APPR.	<i>✓</i>	REV. C	
APPROVED	<i>✓</i>	D3942	
DE APPR.	<i>✓</i>	SHEET 2 OF 2	
DATE	11.09.02	TITLE	SCALE
		BRACKET	
		NTS:	
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97015

RELEASED
2011-12-12
M

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A